

EARLY RETIREMENT INCENTIVE PROGRAMPO Box 295
Trenton, NJ 08625-0295**POLICE AND FIREMEN'S RETIREMENT SYSTEM
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS
APPLICATION FOR RETIREMENT ALLOWANCE****PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.****PLEASE DETACH BEFORE MAILING THE APPLICATION**

When to File: All retirements are effective on the first of the month. File this application **with the Division of Pensions and Benefits before** your retirement date or you will lose benefits. You must terminate employment **before** your retirement date. **Mail** your completed application to the New Jersey Division of Pensions and Benefits, PO Box 295, Trenton, NJ 08625-0295.

INSTRUCTIONS —

MEMBERSHIP NUMBER — If you are not sure of your number, contact your Personnel or Payroll Office.

PART ONE: (Please Print or Type)

ITEM 1: NAME — Insert your full name.

ITEM 2: ADDRESS — Insert your present mailing address. Report any change of address before you begin receiving a pension to the Retirement Bureau at the address shown above. Give your Social Security number and retirement date in the letter.

ITEM 3: NAME OF EMPLOYER — Insert the full name of your employer, i.e., county, municipality, State agency, etc.

ITEM 4: TITLE/POSITION — Insert the title or name of position you currently have.

ITEM 5: SOCIAL SECURITY NUMBER — Insert your Social Security number.

ITEM 6: DATE OF BIRTH — Insert the month, day, and year of your birth. You should submit a copy of your birth or baptismal certificate if you have not already done so. (Do not delay filing this application if this document is not readily available.)

ITEMS 7 AND 8: TELEPHONE NUMBERS — Insert your home and work telephone numbers. Include your area code.

ITEM 9: LOANS AT RETIREMENT — If you have a loan balance, you must decide whether you wish to carry your monthly loan payments into retirement until the balance, **with interest**, is satisfied or pay the **entire** loan off in a lump sum.

ITEM 10: EFFECTIVE DATE OF RETIREMENT — Insert the date you wish to retire.

ITEM 11: TYPE OF RETIREMENT ALLOWANCE DESIRED — Indicate the retirement allowance for which you are applying.

ITEM 12: MARITAL STATUS — Check the appropriate box to indicate your current marital status.

ITEMS 13: NAME OF SPOUSE — Print your spouse's name, including maiden name if applicable.

ITEM 14: SPOUSE'S SOCIAL SECURITY NUMBER — Enter your spouse's Social Security number.

ITEM 15: SPOUSE'S BIRTHDATE — Insert the month, day, and year of your spouse's birth.

ITEMS 16: LIST ALL CHILDREN UNDER 18 YEARS OF AGE — List all children under age 18 (or older if still in high school). Indicate the gender and birthdate of each child in the spaces provided.

If you need to list more than three children, do so on a separate sheet of paper and attach it to this application. Be sure to list the same information as requested in Item 17. **You must sign and date the attachment.**

Instructions continued on reverse side

PART TWO: DESIGNATION OF BENEFICIARY —

SURVIVOR BENEFITS FOR DEATH AFTER RETIREMENT — Your eligible surviving spouse (widow or widower) will be paid an annual pension of 50 percent of your Final Compensation upon your death. This benefit continues until the subsequent remarriage or death of your eligible spouse following your death.

If there is no eligible surviving spouse, or if the eligible spouse dies or remarries, benefits will be paid to eligible children in specified amounts.

GROUP LIFE INSURANCE BENEFITS — (*Does not apply to members with less than ten years of membership credit.*) The beneficiary(ies) you name is eligible for any and all other death benefits under the retirement system not specifically directed to an eligible widow or widower or children. An eligible surviving spouse and children may be named for this benefit as well.

You may name any person or persons as well as an institution, charity, your estate, etc., as beneficiary. *If you designate an institution or charity, you must also include the institution's or charity's date of incorporation.* You may also name multiple beneficiaries for this benefit.

You should name both a Primary beneficiary(ies) and a Contingent beneficiary(ies) for this benefit. If you find it necessary to use additional sheets to complete this section, the attachments must also be signed.

Primary Beneficiary(ies) - List the full name, address, date of birth, and relationship to you of the individual(s)/entity(ies) you want to receive your life insurance proceeds. If you name more than one Primary Beneficiary, the "lump sum" insurance proceeds will be divided equally among those listed. If you do not wish to divide the proceeds equally, please contact the Division of Pensions and Benefits for assistance.

Contingent Beneficiary(ies) - List the full name, address, date of birth, and relationship to you of the individual(s)/entity(ies) you want to receive your life insurance proceeds should your primary beneficiaries not be living at the time of your death. If you name more than one Contingent Beneficiary, the "lump sum" insurance proceeds will be divided equally among those listed. If you do not wish to divide the proceeds equally, please contact the Division of Pensions and Benefits for assistance.

The designation of beneficiary becomes effective when your **Application for Retirement Allowance** is filed with the **Division of Pensions and Benefits**.

Your group life insurance **may be converted** to an individual policy at retirement with the Prudential Insurance Company.

MEMBER'S SIGNATURE: You must sign and date your application.

ADDITIONAL INFORMATION

YOUR FIRST RETIREMENT check cannot be issued earlier than 30 days following your retirement date or approval by the PFRS Board of Trustees, whichever is later. This is when your retirement becomes "due and payable." **If approval of your retirement is delayed, your first check will be retroactive to your original requested date of retirement.**

NOTIFYING YOUR EMPLOYER: It is important that you notify your employer of your retirement since, before we can process your retirement, your employer must submit a *Certification of Service and Final Salary*. Your retirement cannot be processed until this certification is received by the Division of Pensions and Benefits.

NJSEDCP OR SACT PARTICIPANTS: If you are a participant of the New Jersey State Employees Deferred Compensation Plan (NJSEDCP) or Supplementary Annuity Collective Trust (SACT), your benefits from these plans are separate. You may call the Deferred Compensation Plan (609-292-3605) or the Supplemental Annuity Collective Trust (609-633-2031) to obtain further information regarding retirement options with each plan.

**IF YOU NEED HELP IN COMPLETING THIS APPLICATION, CONTACT THE OFFICE OF CLIENT SERVICES
AT (609) 292-7524 OR VISIT OUR OFFICE AT 50 WEST STATE STREET IN TRENTON, NEW JERSEY**

EARLY RETIREMENT INCENTIVE PROGRAM**POLICE AND FIREMEN'S RETIREMENT SYSTEM
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS****APPLICATION FOR RETIREMENT ALLOWANCE**

**PLEASE READ THE ATTACHED INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.
PLEASE DETACH BEFORE MAILING THE APPLICATION.**

PART ONE: (Please print - black ink preferred - or type.)**MEMBERSHIP NO.** _____

1. Name (Last, First, Middle) _____

2. Address (Street, City, State, Zip) _____

3. Name of Employer _____

4. Title/Position _____

5. Social Security No. _____

6. Date of Birth (Month, Day, Year) _____

7. Home Phone (_____) _____

8. Work Phone (_____) _____

9. If you will have an outstanding loan balance at retirement, how do you want to pay the loan off?

☐ Continue Payments Into Retirement☐ Lump Sum

10. Retirement is to be effective the first day of (Month, Year) _____

11. Type of Retirement Allowance desired:

☐ Service☐ Special

Please provide the requested information regarding your marital status and children. Submit photocopies of your marriage certificate and the birth certificates or adoption papers of all eligible children.

12. Marital Status

☐ Single☐ Married☐ Separated☐ Divorced

13. Name of Spouse, if married

(Last, First, Middle) _____

Maiden Name
of Spouse _____

14. Spouse's

SSN _____

15. Spouse's Birthdate

(Month, Day, Year) _____

16. List any children under 18 years of age, or a child (unmarried) who is mentally or physically incapacitated, regardless of age. Be sure to indicate both the gender and birthdate of each child.

(Last Name, First, Middle) _____

☐ Male☐ Female

Birthdate (Month, Day, Year) _____

(Last Name, First, Middle) _____

☐ Male☐ Female

Birthdate (Month, Day, Year) _____

(Last Name, First, Middle) _____

☐ Male☐ Female

Birthdate (Month, Day, Year) _____

EARLY RETIREMENT INCENTIVE PROGRAM**PART TWO: DESIGNATION OF GROUP LIFE INSURANCE BENEFICIARY(IES)**

Only those members with 10 or more years of membership credit are covered by group life insurance at retirement. This section is to be used to name a beneficiary(ies) for your group life insurance, if any. Please be sure to name both a Primary and Contingent beneficiary. Complete this section even if the beneficiary you name is the same as in Part One. This designation becomes effective when filed with the Division of Pensions and Benefits.

PRIMARY BENEFICIARY(IES)

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			

CONTINGENT BENEFICIARY(IES) — If no Primary Beneficiary is living at my death, payment is to be made to:

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			

MEMBER'S SIGNATURE**DATE**

_____, 20____

I attest that the information provided on this application is true and correct.